

**Department of Insurance and Securities Regulation
Government of the District of Columbia
Instructions**

Calendar Year Annual Anti-Fraud Statistical Report

The purpose of these instructions is to provide information for completion of the Department of Insurance and Securities Regulation CY Annual Insurance Anti-Fraud Stat Report (the Report).

Company Information

Every insurer licensed to write business in the District of Columbia is requested to prepare this Report on a Calendar Year annual basis. One collated report will suffice for a parent company (NAIC Group) that has several subordinate business entities supported by the same Special Investigations Unit (SIU). Report only information that pertains to policies written or claims paid in the District of Columbia.

Reporting Criteria

Annual reports are not public record documents and are treated as confidential information for analysis by DISR. Therefore, they will not be released and receive protection from disclosure pursuant to Freedom Of Information or similar requests.

The body of the Report requires specific quantitative data based on a defined criteria. Each reporting criteria has been identified with a specific reporting Line Number on the Report.

Line of Business Information

The body of the Report has been designed to segment quantitative data by line of business for each defined criteria. A separate Column has been provided for each line of business required.

Notations/Explanations

A section on the Report has been provided for the insurer to provide notations or explanations regarding the data provided. Completion of this section is optional.

Preparation/Certification

Insurers are required to report the name of whom prepared the report. If the SIU prepared the report and the compliance officer submitted the report, both must sign.

Company Information

The header of the Report has two lines to be completed.

Company Name-Indicate the full legal name of the company licensed to write business in DC

NAIC Group Number- the NAIC assigned group number associated with the holding company name, if applicable, but if not applicable, enter -0 -.(For all correspondence)

NAIC Company Codes- Indicate each NAIC assigned numbers and underwriting company's name associated with the above NAIC group number.

Reporting Criteria

The body of the Report requires specific quantitative data based on defined criteria. Each reporting criteria has been identified with a specific reporting Line Number on the Report. Each Line Number is defined as follows:

- Line 01 - Report the number of claims the company received during the annual reporting period. Generally these will be claims that have been assigned an individual unique claim number identifier. Claims by: DC Insureds, DC Beneficiaries, and DC Owners Only.
- Line 02- Report the total number of suspected cases accepted by the Special Investigations Unit (SIU) or comparable investigative unit. Use 02a through 02c to provide a further breakdown of cases accepted by types of fraud. Line 02 should equal the total of Lines 02a through 02c.
- Line 02a- Report the total number of cases accepted by the SIU for suspected application fraud. Generally these will be cases where the insured has provided inaccurate, incomplete and/or made a material misrepresentation of information to the insurer when applying for an insurance policy.
- Line 02b- Report the total number of cases accepted by the SIU for claim fraud. Generally these will be cases where the insured, claimant, or provider has provided inaccurate, incomplete or exaggerated information to an insurer regarding a claim issue under an insurance policy. •
- Line 02c - Report the total number of cases accepted by the SIU for premium avoidance. Generally these will be cases of internal financial fraud committed by agents, employees or others associated with the insurer.
- Line 03- Report the number of claims denied, dropped or mitigated based upon SIU investigation.
- Line 04- Report the number of cases referred by statutory requirement to the Fraud Bureau, Department of Insurance and Securities Regulation (DISR), Government of the District of Columbia.
- Line 05- Report the number of cases referred to non-profit agencies, for example, The National Insurance Crime Bureau (NICB) and National Health Care Anti-fraud Association (NHCAA).
- Line 06- Report the number of suspect claims referred directly to law enforcement agency (District of Columbia Metro Police Department, FBI, US Postal, or other entity).
- Line 07- Report the number of arrests from those cases referred to Fraud Bureau or other law enforcement agency, for example, DCMPD, FBI, etc.
- Line 08- Report the number of convictions from those cases referred to Fraud Bureau or other law enforcement agency.
- Line 09- Amount of money recovered on fraudulent cases. This amount represents money or property returned and money or property recovered based on a determination of insurance fraud through investigation.

- Line 10- Report by line of business the totals of cases referred for civil or criminal prosecution by the Special Investigations Unit (SIU) or comparable investigative unit. Lines 10a through 10c provide a further breakdown of cases referred by type of perpetrator. Line 10 should equal the total of Lines 10a through 10c. Report each case once. In those cases where there were multiple types of perpetrators involved in the same case (i.e. Insured and Medical Provider), select the primary perpetrator and report as one case on Line 10 and as one case under the appropriate type on Lines 10a through 10c.
- Line 10a. - Report the total number of cases referred to authorities where the suspected perpetrator is a claimant or insured.
- Line 10b - Report the total number of cases referred to authorities where the suspected perpetrator is a medical, legal or other type provider.
- Line 10c - Report the total number of cases referred to authorities where the suspected perpetrator is an agent or broker.
- Line 11- Report amount of money not paid on suspected fraudulent cases because of SIU activities. This amount represents money saved as a result of not paying specific claims based on a determination of insurance fraud or mitigating circumstances through investigation by the SIU. If your SIU uses another method of measuring the effectiveness of the SIU please, in the "Notations section", describe the methodology your organization uses.

Line of Business Information

The body of this Report has been designed to segment by line of business specific quantitative data based on defined criteria (See Fraud Reporting Criteria section of these instructions). A separate column has been provided for each line of business required- Each Line item must be completed for each Column. Enter a "0" in those situations where there is no information to report. Each line of business Column is defined as follows:

- Column A - For each reporting criteria, report the number or amount that pertains to Automobile insurance. This includes all automobile lines, including automobile liability and automobile physical damage, both personal and commercial.
- Column B - For each reporting criteria, report the number or amount that pertains to Property/Casualty insurance.
- Column C - For each reporting criteria, report the number or amount that pertains to Life insurance. This includes all types of life insurance and annuities, including participating, non-participating and variable products.
- Column D - For each reporting criteria, report the number or amount that pertains to Accident and Health insurance. This includes all medical and dental plans, including HMOs and includes accident and disability products. Also, this includes group plans, including those self-insured plans for which the insurer is the third party administrator.
- Column E- For each reporting criteria, report the number or amount that pertains to Workers' Compensation
- Since there is no "Other" Column and if your company's line(s) of business is not applicable to any of the above-mentioned, your company does not need to submit

an annual anti-fraud statistical report.

Notations/Explanations

This section of the Report provides the insurer the opportunity to disclose any information that the insurer deems necessary to clarify the data reported. This section most often will be used to explain why a line item was not completed, but can be also used to provide an explanation for what appears to be an unusual entry. This is a freeform section. However, to facilitate completion and review, please reference each notation/explanation to the corresponding Line Number and Column Letter. Completion of this section is optional. The following is an example of a possible entry to this section:

“Line 11- SIU tracks reserve savings as a method of measuring SIU contribution”